

(A)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>M. Olson</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>M. OLSON</i> C. Date of Delivery <i>3/21/08</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to: <i>08 CR 2150</i></p> <p>Honorable Theresa M. Owens Clerk/Magistrate United States District Court 320 Robert W. Kastenmeier United States Courthouse 120 North Henry Street Madison, WI 53703-4304</p> <p style="text-align: right;">MAR 25 2008</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Express only) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7006 2150 0005 2036 0067</p>	
PS Form 3811, February 2004		Domestic Return Receipt	

105006-02-M-1540

UNITED STATES POSTAL SERVICE

MADISON, WI 537

21 MAR 2008 PM 2:10

LET US DARE TO REM

FIRST-CLASS MAIL

PERMIT NO. 1234

U.S. POST

Form No. G-10

power of attorney

**RECEIVED**

MAR 25 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

• Sender: Please print your name, address, and ZIP+4 in this box •

DOBBINS  
U.S. DISTRICT COURT  
120 NORTH HENRY STREET  
MADISON, WI 53704

*08 CR 2150*